

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO. *61/146 7327* FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		1			
2		/		1		
3		/		1		
4		/		1		
5		/		1		
6		1	1	1		
7		1		1		
8		1				
9		1				
10		1		1		
11		1		1		
12		1		1		
13		1		1		
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50						
TOTAL IND.	/		1			
TOTAL DEP.	15		16			
TOTAL CLAIMS	16		16			

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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99						
100						
TOTAL IND.			1			
TOTAL DEP.			1			
TOTAL CLAIMS			1			

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS